



Saradha Gangadharan College

Recognized by UGC u/s 2(f) of the UGC Act, 1956 as a PG Institution
NAAC accredited Institution • Affiliated to Pondicherry University
Lake Road, Velrampet, Puducherry - 605 004.

AFFIDAVIT BY PARENT / GUARDIAN

- 1) Mr./Mrs./Ms. _____ (full name of parent/guardian) father/mother/guardian of, _____ (full name of student with admission / registration / enrolment number), having been admitted to _____ (name of the institution), have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereafter called the "Regulations"), carefully read and fully understood the provision contained in the said Regulations.
- 2) I have, in particular, perused clause 3 of the Regulations and I am aware of, as to what constitutes ragging.
- 3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 4) I hereby solemnly aver and undertake that
 - a) My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 5) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
- 6) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the determination is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this _____ day of _____ month of _____ year. _____

Signature of deponent
Name : Address :

Telephone / Mobile No.:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at on this the of

Signature of deponent

Solemnly affirmed and signed in my presence on this the (day) _____ of (month) _____, (year) _____ after reading the contents of this affidavit.

OATH COMMISSIONER
(NOTARY PUBLIC)